

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

06

03

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 25

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M
0 5 D D
0 1 Y Y Y Y
2 0 1 0 To: M M
0 5 D D
3 1 Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 0		273974.15
(b) Cash on Hand at Beginning of Reporting Period	374948.97	
(c) Total Receipts (from Line 19)	23430.25	174557.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	398379.22	448531.40
7. Total Disbursements (from Line 31)	12935.02	63087.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	385444.20	385444.20
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

4 / 25

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	5	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17949.00	148329.00
(ii) Unitemized	5481.25	26228.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23430.25	174557.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23430.25	174557.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23430.25	174557.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23430.25	174557.25

DETAILED SUMMARY PAGE

of Disbursements

5 / 25

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	935.02	3087.20	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	935.02	3087.20	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	60000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12935.02	63087.20	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12935.02	63087.20	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 25

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23430.25	174557.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23430.25	174557.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	935.02	3087.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	935.02	3087.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Mireille Claude Algazi

Mailing Address 2732 N Alvernon Way

City

Tucson

State

AZ

Zip Code

85712-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: E0699360C383D83FA20

Amount of Each Receipt this Period

1000.00

Visa

B.

Full Name (Last, First, Middle Initial)

Tricia R. Andrews

Mailing Address 7744 Deerwood Point Court

City

Jacksonville

State

FL

Zip Code

32256-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacksonville Dermatology
Assoc. PL

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 85418D3EC50CC019370

Amount of Each Receipt this Period

400.00

Visa

C.

Full Name (Last, First, Middle Initial)

David S. Balle

Mailing Address 18050 Mack Avenue

City

Grosse Pointe

State

MI

Zip Code

48230-6235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grosse Pointe Dermatology
Assoc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: 270103F7F0D05D38F08

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Bonnie L. Barsky

Mailing Address 1626 Ravine Terrace

City

Highland Park

State

IL

Zip Code

60035-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: ECBEF4079BD4B4F3419

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert E. Beer

Mailing Address PO Box 476

City

Orinda

State

CA

Zip Code

94563-0476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Balfour Dermatology & Day
Spa, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 025D139E2072CA53829

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Scott D. Bennion

Mailing Address 2800 Garden Creek Road

City

Casper

State

WY

Zip Code

82601-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Wyoming Skin Clin-
ic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: D3B50B8037D12432906

Amount of Each Receipt this Period

70.00

MasterCard

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michelle M. Blaeser

Mailing Address 1871 Bayard Avenue

City

Saint Paul

State

MN

Zip Code

55116-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Nicollet Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 46D5E23198534704D56

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Leyda Elizabeth Bowes-Manstein

Mailing Address Apt. A2009
1865 Brickell Avenue

City

Miami

State

FL

Zip Code

33129-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowes Dermatology Group

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 14EEAB23A3F17C7A11C

Amount of Each Receipt this Period

250.00

Visa

C.

Full Name (Last, First, Middle Initial)

Glenn H. Brown

Mailing Address Suite 320B
1450 S Dobson Road

City

Mesa

State

AZ

Zip Code

85202-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: 0E51A3FF41CDC295632

Amount of Each Receipt this Period

250.00

Amex

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Steven Mark Burnett

Mailing Address 1545 Mound Street

City

Sarasota

State

FL

Zip Code

34236-7787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	1	0

Transaction ID: 60847CAB221C2B01ECB

Amount of Each Receipt this Period

500.00

Amex

B.

Full Name (Last, First, Middle Initial)

Jeffrey Phillip Callen

Mailing Address 5107 Long Knife Run

City

Louisville

State

KY

Zip Code

40207-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	0

Transaction ID: C8A1E1435F457A319FD

Amount of Each Receipt this Period

500.00

Amex

C.

Full Name (Last, First, Middle Initial)

John Y. Chung

Mailing Address 418 Green Valley Drive

City

Rocky Face

State

GA

Zip Code

30740-9558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Cancer CosmotologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Transaction ID: 9801DCED3E07D5E7065

Amount of Each Receipt this Period

365.00

Amex

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Cheryl S. Citron

Mailing Address Suite 2A

315 E Northfield Road

City

Livingston

State

NJ

Zip Code

07039-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: C1E701C0262ED072A0D

Amount of Each Receipt this Period

365.00

Amex

B.

Full Name (Last, First, Middle Initial)

Clay J. Cockerell

Mailing Address 4312 Arcady Avenue

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 6590FE6F6A5EAF6BB45

Amount of Each Receipt this Period

500.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address Suite 870

1350 I Street Northwest

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation
Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: A7FC0DBC73FD9EAB38E

Amount of Each Receipt this Period

84.00

Visa

SUBTOTAL of Receipts This Page (optional)

949.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Raymond L. Cornelison, Jr.

Mailing Address 1716 Elmhurst Avenue

City

Nichols Hills

State

OK

Zip Code

73120-1012

FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of OklahomaOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Transaction ID: A6A02325C15B0B3BD05

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Stuart R. Gildenberg

Mailing Address Suite 201
11900 E 12 Mile Road

City

Warren

State

MI

Zip Code

48093-3490

FEC ID number of contributing
federal political committee.**C**Name of Employer
Midwest Ctr for Derm & Co-
smetic SurgeonOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Transaction ID: 3A80D3D980D347460A4

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Lawrence J. Green

Mailing Address 7820 Mary Cassatt Drive

City

Potomac

State

MD

Zip Code

20854-3227

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Transaction ID: 59FB040B25862A8D324

Amount of Each Receipt this Period

250.00

Amex

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen E. Helms

Mailing Address 8485 Squirrel Hill Drive Northeast

City

Warren

State

OH

Zip Code

44484-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stephen E. Helms MD Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: F2DB2DCD16A62D35F70

Amount of Each Receipt this Period

250.00

Amex

B.

Full Name (Last, First, Middle Initial)

Robert L. Henderson, Jr.

Mailing Address 4032 Lambert Trail

City

Birmingham

State

AL

Zip Code

35242-7487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Dermatology PC

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 20C4FCAFD5897C67539

Amount of Each Receipt this Period

250.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Janet G. Hickman

Mailing Address 107 Lee Circle

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants,
Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: 56D29E4CC2245241A2C

Amount of Each Receipt this Period

500.00

MasterCard

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Allen David Kallor

Mailing Address 107 Lyman Road

City

West Hartford

State

CT

Zip Code

06117-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: FFDABEE5A049818AF77

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Albert A. Kattine

Mailing Address 6342 Shadow Ridge Court

City

Brentwood

State

TN

Zip Code

37027-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: D9E6AF208DECDD24EAF

Amount of Each Receipt this Period

125.00

Visa

C.

Full Name (Last, First, Middle Initial)

Lloyd E. King, Jr.

Mailing Address 211 Kensington Park

City

Nashville

State

TN

Zip Code

37215-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Transaction ID: 46CEC3D2257E830A483

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Henry W. Lim

Mailing Address 7 Elmsleigh Lane

City

Grosse Pointe

State

MI

Zip Code

48230-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 73DCDACD2E23D6C1894

Amount of Each Receipt this Period

500.00

Amex

B.

Full Name (Last, First, Middle Initial)

Peter A. Lio

Mailing Address 1710 S Indiana Avenue

City

Chicago

State

IL

Zip Code

60616-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Univ Feinberg
School of M

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 1ED910ADE6BEE9D96E0

Amount of Each Receipt this Period

365.00

Visa

C.

Full Name (Last, First, Middle Initial)

John R. Luckasen

Mailing Address Suite 360N
4242 Farnam Street

City

Omaha

State

NE

Zip Code

68131-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: F3CB1456B3F3BD2B45E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie A. Mackey

Mailing Address 1027 Hunters Path

City

Lancaster

State

PA

Zip Code

17601-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 259B0979B6B04E31D5C

Amount of Each Receipt this Period

250.00

Visa

B.

Full Name (Last, First, Middle Initial)

Victor James Marks

Mailing Address PO Box 524

City

Riverside

State

PA

Zip Code

17868-0524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Medical Center

Occupation
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: 4304416BAB4873E48D4

Amount of Each Receipt this Period

250.00

Visa

C.

Full Name (Last, First, Middle Initial)

Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Drive

City

Birmingham

State

AL

Zip Code

35244-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Dermatology and Sk-
in Wellness

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 4C39DAB375E321C2730

Amount of Each Receipt this Period

100.00

Amex

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Charity Foster McConnell

Mailing Address 5095 Heathrow Boulevard

City

Brentwood

State

TN

Zip Code

37027-6538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Dermatology Group,
p. PLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 48FFB788E95C0802911

Amount of Each Receipt this Period

100.00

MasterCard

B.

Full Name (Last, First, Middle Initial)

Philip Dale Meador, Jr.

Mailing Address 103 W Mason Street

City

Franklinton

State

NC

Zip Code

27525-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 160DAE56C9ABF045AA1

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jami L. Miller

Mailing Address 3404 Springbrook Drive

City

Nashville

State

TN

Zip Code

37204-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: 5C22F6238710D01D678

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Norman Minars

Mailing Address 4801 N 33rd Court

City

Hollywood

State

FL

Zip Code

33021-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minars Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 8D91D7E878AD4948BCC

Amount of Each Receipt this Period

250.00

Visa

B.

Full Name (Last, First, Middle Initial)

Ronald L. Moy

Mailing Address # 485
2934 N Beverly Glen Circle

City

Los Angeles

State

CA

Zip Code

90077-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moy Fincher Facial Plasti-
cs/Dermatolog

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: EE2C25D5B869AFA14D9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Serena M. Mraz-Gernhard

Mailing Address 3 Pepper Creek Way

City

Novato

State

CA

Zip Code

94947-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solano Dermatology Assoc.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Transaction ID: AB53513558DA6ED779A

Amount of Each Receipt this Period

365.00

Amex

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Eileen Murray

Mailing Address Apt. 2601

400 N Lasalle Street

City

Chicago

State

IL

Zip Code

60610-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAD

Occupation

Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: D009BFB16D1AB9CB23C

Amount of Each Receipt this Period

250.00

Visa

B.

Full Name (Last, First, Middle Initial)

Chad L. Prather

Mailing Address 1737 May Street

City

Baton Rouge

State

LA

Zip Code

70808-2074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermasurgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 2440485BDAAED9DA954

Amount of Each Receipt this Period

100.00

Amex

C.

Full Name (Last, First, Middle Initial)

Richard E. Ranchoff

Mailing Address 23777 W Rim Drive

City

Columbia Station

State

OH

Zip Code

44028-8918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: 3F58CED945D1BB4D41D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan Scott Sanders

Mailing Address Apt. 101

576 7th Square

City

Vero Beach

State

FL

Zip Code

32962-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Treasure Coast Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 2C1F8A26304BD2A92EC

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Harry W. Saperstein

Mailing Address 10271 Monte Mar Drive

City

Los Angeles

State

CA

Zip Code

90064-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: D4F73DF29659DDBEC6C

Amount of Each Receipt this Period

400.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Karl W. Siebe

Mailing Address 11618 Woods Bay Lane

City

Indianapolis

State

IN

Zip Code

46236-8367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology of Noblesville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: C8DE9C04391BA113776

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen P. Stone

Mailing Address 2021 S Wiggins Avenue

City

Springfield

State

IL

Zip Code

62704-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine,
Div of DermatoOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 6A5DD30B9EBA98857C2

Amount of Each Receipt this Period

500.00

Amex

B.

Full Name (Last, First, Middle Initial)

Sabra Sullivan

Mailing Address 102 Hidden Heights

City

Ridgeland

State

MS

Zip Code

39157-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates,
LLCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 8FB06453B5E892E16DB

Amount of Each Receipt this Period

300.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Cyndi M. Torosky

Mailing Address 308 Fairfax Avenue

City

Norfolk

State

VA

Zip Code

23507-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pariser DermatologyOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: FAFD9A46C27B23589C9

Amount of Each Receipt this Period

365.00

Visa

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Rebert Warner

Mailing Address 10002 Prestwich Terrace

City

Ijamsville

State

MD

Zip Code

21754-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cosmetic & Skin Surge-
ry Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: 00FB2AC8287DACBA33A

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Willard

Mailing Address 3960 S Mallard Lane

City

Doylestown

State

PA

Zip Code

18902-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology & Mohs Surgery
Center, PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: C06E396B85C6BA0E8BB

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Michael D. Zanolli

Mailing Address 513 Fairfax Avenue

City

Nashville

State

TN

Zip Code

37212-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Medical Associat-
es

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: D8B29B0A7E6F365FB8C

Amount of Each Receipt this Period

500.00

Amex

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

17949.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: VB01B580DF8C70B4186E Date of Disbursement <div> <div>05</div> <div>03</div> <div>2010</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>346.61</div>
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement Visa/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V266DF43FE6BDC91E08E Date of Disbursement <div> <div>05</div> <div>03</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>558.41</div>
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V2DAB1FFF7AFFE5B08CE Date of Disbursement <div> <div>05</div> <div>03</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>30.00</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>935.02</div>
TOTAL This Period (last page this line number only) ▶	<div>935.02</div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Charlie Dent for Congress	Transaction ID: D04FAD8CABE1DE4424B Date of Disbursement																				
Mailing Address PO Box 442	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Charles W. Dent	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: EF33CD2D1786B3955D0 Date of Disbursement																				
Mailing Address 120 Maryland Ave NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution Candidate Name Democratic Senatorial Campaign Committee	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Friends of Rosa Delauro	Transaction ID: 2C0A63FE277AA05B329 Date of Disbursement																				
Mailing Address 12 Trumbull Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Rosa L. DeLauro	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">7000.00</td> </tr> </table>	7000.00																			
7000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Nancy Pelosi for Congress

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2010 General

Candidate Name
Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 68243A2C39229251E55

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12000.00